

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF WISCONSIN

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	GAI Remodeling LLC	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA Indigo Remodeling	
3. Debtor's federal Employer Identification Number (EIN)	86-1276388	
4. Debtor's address	Principal place of business 5115 Brown St Skokie, IL 60077 Number, Street, City, State & ZIP Code Cook County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?*Check all that apply:*

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **GAI Remodeling LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

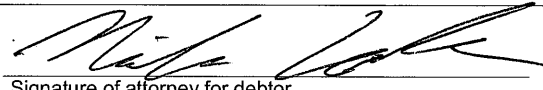
Executed on 06/09/2023
MM / DD / YYYY

X 
Signature of authorized representative of debtor

Hunter G. Arms
Printed name

Title **Manager**

18. Signature of attorney

X 
Signature of attorney for debtor

Date 06/09/2023
MM / DD / YYYY

Nicholas W. Kerkman
Printed name

Kerkman & Dunn
Firm name

839 N. Jefferson St., Ste. 400
Milwaukee, WI 53202-3744
Number, Street, City, State & ZIP Code

Contact phone **414-277-8200**

Email address **nkerkman@kerkmandunn.com**

1104527 WI
Bar number and State

Debtor **GAI Remodeling LLC**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:
EASTERN DISTRICT OF WISCONSIN

Case number (if known) Chapter **11**

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	GAI Vape, LLC	Relationship to you	Affiliate
District	Eastern District of Wisconsin Bankruptcy Court	When	
Case number, if known			
Debtor	Hunter G. Arms and William R. Gehrke	Relationship to you	Members
District	Eastern District of Wisconsin Bankruptcy Court	When	
Case number, if known			

GAI Remodeling LLC
Statement of Revenues and Expenses

	1 Month Ended April 30, 2023	%	4 Months Ended April 30, 2023	%
Sales				
302 - Sales	\$28,616.00	100.00%	\$290,278.97	100.00%
Total Sales	28,616.00	100.00	290,278.97	100.00
Cost of Goods Sold				
402 - Purchases	20,503.74	71.65	56,947.46	19.62
409 - Contracted Services	76,325.00	266.72	247,182.30	85.15
Total Cost of Goods Sold	96,828.74	338.37	304,129.76	104.77
Gross Profit	(68,212.74)	(238.37)	(13,850.79)	(4.77)
Operating Expenses				
512 - Freight & Postage	0.00	0.00	9.90	0.00
515 - Gross Wages	17,826.35	62.30	82,358.35	28.37
520 - Rent	650.00	2.27	3,250.00	1.12
521 - Equipment Rental	124.04	0.43	2,605.59	0.90
526 - Utilities	165.03	0.58	555.53	0.19
529 - Telephone	0.00	0.00	229.80	0.08
530 - Repairs & Maintenance	0.00	0.00	400.00	0.14
534 - Advertising & Promotion	3,401.98	11.89	9,827.40	3.39
535 - Insurance	4,719.78	16.49	14,023.39	4.83
538 - Travel & Lodging	0.00	0.00	400.88	0.14
539 - Meals	0.00	0.00	24.71	0.01
542 - FICA Tax	1,103.80	3.86	5,771.07	1.99
543 - Unemployment Tax	26.77	0.09	469.82	0.16
548 - Permits & Licenses	0.00	0.00	4,252.00	1.46
550 - Interest	246.48	0.86	23,677.30	8.16
552 - Vehicle Expenses	740.07	2.59	5,008.43	1.73
553 - Vehicle Lease	1,378.74	4.82	5,514.96	1.90
556 - Commissions	0.00	0.00	500.00	0.17
564 - Legal & Accounting	965.00	3.37	4,981.45	1.72
566 - Office Expense	1,285.80	4.49	5,265.79	1.81
568 - Bank & Cr Card Charges	34.00	0.12	5,339.00	1.84
574 - Amortization	121.28	0.42	485.10	0.17
575 - Depreciation	10,987.97	38.40	43,951.95	15.14
Total Operating Expenses	43,777.09	152.98	218,902.42	75.41
Operating Income (Loss)	(111,989.83)	(391.35)	(232,753.21)	(80.18)
Other Income				
903 - Amazon Shop With Points Credit	0.00	0.00	53.79	0.02
Total Other Income	0.00	0.00	53.79	0.02
Net Income (Loss)	(\$111,989.83)	(391.35)	(\$232,699.42)	(80.16)

See Accountants' Compilation Report

GAI Remodeling LLC
Statement of Assets, Liabilities and Equity
Year Ended December 31, 2022

ASSETS

Current Assets

101 - Cash On Hand	\$ 60,938.28	
102 - Cash In Bank - Checking	27,294.81	
106 - Accounts Receivable	<u>29,865.38</u>	
Total Current Assets		118,098.47

Fixed Assets

146 - Fixtures and Equipment	708,072.00	
148 - Transportation Equipment	41,406.62	
149 - Accumulated Depreciation	<u>(296,437.08)</u>	
Total Fixed Assets		<u>453,041.54</u>

Other Assets

188 - Loan Fees	14,553.00	
189 - Less: Amortization	<u>(2,668.05)</u>	
Total Other Assets		<u>11,884.95</u>

Total Assets	\$	<u><u>583,024.96</u></u>
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LIABILITIES

Current Liabilities

208 - Due to Employee	\$ 11,000.00	
210 - Note Payable - Current	60,000.00	
212 - Note Payable - Kabbage	42,166.62	
213 - Note Payable - Vox Funding	55,096.71	
215 - Note Payable - Quickbooks	42,782.41	
216 - Credit Card Payable - American Express	67,658.20	
217 - Credit Card Payable - Chase	<u>2,410.70</u>	
Total Current Liabilities		<u>281,114.64</u>

Long-Term Liabilities

264 - Note Payable - Fund-Ex Solutions	641,897.10	
265 - Note Payable - Indigo Remodeling	34,250.00	
266 - Note Payable - 2017 Ford F150	25,997.14	
269 - Less: Note Pay. - Current	<u>(60,000.00)</u>	
Total Long-Term Liabilities		<u>642,144.24</u>

Total Liabilities		923,258.88
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EQUITY

Equity

286 - Capital	(56,183.00)	
290 - Drawing	64,786.53	
Net Profit/(Loss)	<u>(348,837.45)</u>	
Total Stockholders' Equity		<u>(340,233.92)</u>

Total Liabilities and Stockholders' Equity	\$	<u><u>583,024.96</u></u>
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See Accountants' Compilation Report

Filing Instructions

GAI Remodeling LLC

Form 8879-PE - IRS *e-file* Signature Authorization for Form 1065

Taxable Year Ended December 31, 2022

Date Due: March 15, 2023

Remittance: None is required. No amount is due or overpaid.

Signature: You are using the Personal Identification Number (PIN) for signing your return electronically. A limited liability company member should sign and date Form 8879-PE, IRS *e-file* Signature Authorization for Form 1065 and mail it as soon as possible to:

EWB SMALL BUSINESS ACCOUNTING S.C.
20670 WATERTOWN ROAD, SUITE 1040
WAUKESHA, WI 53186

The form must be signed and returned before the electronic file can be transmitted to the IRS.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If a paper copy of Form 1065 is mailed to the IRS it will delay processing of the return.

Form **8879-PE****E-file Authorization for Form 1065**

OMB No. 1545-0123

(For return of partnership income or administrative adjustment request)

ERO must obtain and retain completed Form 8879-PE.**Go to www.irs.gov/Form8879PE for the latest information.****2022**Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year beginning

, and ending

Name of partnership

Employer identification number

GAI REMODELING LLC

86-1276388

Part I Form 1065 Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	1,573,282
2	Gross profit (Form 1065, line 3)	2	562,710
3	Ordinary business income (loss) (Form 1065, line 22)	3	-347,862
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

- 1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
2. I have examined a copy of the partnership's electronic Form 1065 (whether used as a return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
3. I am fully authorized to sign the return or AAR on behalf of the partnership.
4. The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
5. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
6. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner or Member or PR PIN: check one box only

☒ I authorize EWB SMALL BUSINESS ACCOUNTING S.C. to enter my PIN 76388 as my signature
ERO firm name Don't enter all zeros
 on the partnership's 2022 electronically filed return of partnership income or AAR.

☐ As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2022 electronically filed return of partnership income or AAR.

Partner or Member or PR signature:

Title: LLC MEMBER WILLIAM GEHRKE Date: 02/19/22**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 39948230512
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: SIERRA HODSON Date: 02/19/22

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2022)

Employer Identification Number

86-1276388

Title		Attachment Source	Proforma
PARTNERSHIP SECTION 199A INFORMATION WRK	(AUTOMATICALLY ATTACHED)	N/A	

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2022, or tax year beginning _____, ending _____ Go to www.irs.gov/Form1065 for instructions and the latest information.		OMB No. 1545-0123 2022	
A Principal business activity CONSTRUCTION		Name of partnership GAI REMODELING LLC		D Employer identification number 86-1276388	
B Principal product or service REMODELING		Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1710		E Date business started 03/02/2021	
C Business code number 236110		City or town, state or province, country, and ZIP or foreign postal code WAUKESHA WI 53008-1710		F Total assets (see instructions) \$ 553,160	

G Check applicable boxes: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify): _____
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: _____ 2
J Check if Schedules C and M-3 are attached _____ ☐
K Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	1,573,282	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 1,573,282
	2 Cost of goods sold (attach Form 1125-A)			2 1,010,572
	3 Gross profit. Subtract line 2 from line 1c			3 562,710
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
7 Other income (loss) (attach statement)		SEE STATEMENT 1		7 2,306
8 Total income (loss). Combine lines 3 through 7				8 565,016
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9 243,109
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13 11,513
	14 Taxes and licenses			14 22,678
	15 Interest (see instructions)		SEE STATEMENT 2	15 113,157
	16a Depreciation (if required, attach Form 4562)	16a	186,853	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c 186,853
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
19 Employee benefit programs			19 1,431	
20 Other deductions (attach statement)		SEE STATEMENT 3	20 334,137	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 912,878	
22 Ordinary business income (loss). Subtract line 21 from line 8			22 -347,862	
Tax and Payment	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)			23
	24 Interest due under the look-back method—income forecast method (attach Form 8866)			24
	25 BBA AAR imputed underpayment (see instructions)			25
	26 Other taxes (see instructions)			26
	27 Total balance due. Add lines 23 through 26			27
	28 Payment (see instructions)			28
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed			29
	30 Overpayment. If line 28 is larger than line 27, enter overpayment			30

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below?
 See instructions. ☒ Yes ☐ No

Paid	Print/Type preparer's name SIERRA HODSON	Preparer's signature SIERRA HODSON	Date 02/19/23	Check <input type="checkbox"/> if self-employed	PTIN P02251674
	Preparer Firm's name EWH SMALL BUSINESS ACCOUNTING S.C.			Firm's EIN 39-1330512	
Use Only	Firm's address 20670 WATERTOWN ROAD, SUITE 1040 WAUKESHA, WI 53186			Phone no. 262-796-1040	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2022)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
a <input type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other:		
2 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
3 At the end of the tax year, did the partnership:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
4 Does the partnership satisfy all four of the following conditions?	Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3		X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8 At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country		X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information (continued)

	Yes	No
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions 0		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return 0		
16a Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
17 Enter the number of Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return 0		
18 Enter the number of partners that are foreign governments under section 892 0		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership 0 Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:		X
29 Reserved for future use		
30 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 2 If "No," complete Designation of Partnership Representative below.	X	

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR

U.S. address
of PRU.S. phone
number of PR

If the PR is an entity, name of the designated individual for the PR

U.S. address of
designated individualU.S. phone number of
designated individual

Schedule K Partners' Distributive Share Items				Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)		1	-347,862
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Guaranteed payments: a Services 4a b Capital 4b			
	c	Total. Add lines 4a and 4b		4c	
	5	Interest income		5	
	6	Dividends and dividend equivalents: a Ordinary dividends	6a		
	b	Qualified dividends 6b c Dividend equivalents 6c			
	7	Royalties		7	
8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8		
9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a		
b	Collectibles (28%) gain (loss)	9b			
c	Unrecaptured section 1250 gain (attach statement)	9c			
10	Net section 1231 gain (loss) (attach Form 4797)		10		
11	Other income (loss) (see instructions) Type:		11		
Deductions	12	Section 179 deduction (attach Form 4562)		12	
	13a	Contributions		13a	
	b	Investment interest expense		13b	
	c	Section 59(e)(2) expenditures: (1) Type: (2) Amount:		13c(2)	
d	Other deductions (see instructions) Type:		13d		
Self-Employment	14a	Net earnings (loss) from self-employment		14a	
	b	Gross farming or fishing income		14b	
	c	Gross nonfarm income		14c	
Credits	15a	Low-income housing credit (section 42(j)(5))		15a	
	b	Low-income housing credit (other)		15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c	
	d	Other rental real estate credits (see instructions) Type:		15d	
	e	Other rental credits (see instructions) Type:		15e	
	f	Other credits (see instructions) Type:		15f	
Inter-national	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>			
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment		17a	
	b	Adjusted gain or loss		17b	
	c	Depletion (other than oil and gas)		17c	
	d	Oil, gas, and geothermal properties—gross income		17d	
	e	Oil, gas, and geothermal properties—deductions		17e	
	f	Other AMT items (attach statement)		17f	
Other Information	18a	Tax-exempt interest income		18a	
	b	Other tax-exempt income		18b	
	c	Nondeductible expenses SEE STATEMENT 4		18c	96
	19a	Distributions of cash and marketable securities		19a	86,927
	b	Distributions of other property		19b	
	20a	Investment income		20a	
	b	Investment expenses		20b	
	c	Other items and amounts (attach statement) SEE STATEMENT 5			
21	Total foreign taxes paid or accrued		21		

Analysis of Net Income (Loss) per Return

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21.					1	- 347,862	
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners			- 347,862			

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				88,233
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets			749,479	
b	Less accumulated depreciation			296,437	453,042
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)			14,553	
b	Less accumulated amortization			2,668	11,885
13	Other assets (attach statement)				
14	Total assets				553,160
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				200,046
17	Other current liabilities (attach statement) SEE STMT 6				81,069
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				642,144
20	Other liabilities (attach statement)				
21	Partners' capital accounts				-370,099
22	Total liabilities and capital				553,160

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-347,958	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-347,862
	SEE STATEMENT 7				
	96	96			
5	Add lines 1 through 4	-347,862			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year		6	Distributions: a Cash	86,927
2	Capital contributed: a Cash	64,787	b	Property	
	b Property		7	Other decreases (itemize): SEE STMT 8	
3	Net income (loss) (see instructions)	-347,958			
4	Other increases (itemize):		1		1
			8	Add lines 6 and 7	86,928
5	Add lines 1 through 4	-283,171	9	Balance at end of year. Subtract line 8 from line 5	-370,099

Form **1125-A**(Rev. November 2018)
Department of the Treasury
Internal Revenue Service**Cost of Goods Sold****u Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
u Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name

GAI REMODELING LLC

Employer identification number

86-1276388

1	Inventory at beginning of year	1	
2	Purchases	2	291,415
3	Cost of labor	3	719,118
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 9	5	39
6	Total. Add lines 1 through 5	6	1,010,572
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	1,010,572

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) **u**

b Check if there was a writedown of subnormal goods **u** ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) **u** ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** ☐

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

**SCHEDULE B-1
(Form 1065)**

(Rev. August 2019)

Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065.

▶ Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

GAI REMODELING LLC

Employer identification number (EIN)

86-1276388

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
WILLIAM GEHRKE		UNITED STATES	50.000000
HUNTER ARMS		UNITED STATES	50.000000

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

SCHEDULE B-2
(Form 1065)

(December 2018)

Department of the Treasury
Internal Revenue Service**Election Out of the Centralized
Partnership Audit Regime**

▶ Attach to Form 1065 or Form 1066.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

Name of Partnership

GAI REMODELING LLC

Employer Identification Number (EIN)

86-1276388

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

Part I **List of Eligible Partners**

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner F – Eligible Foreign Entity S – S corporation

Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1 WILLIAM GEHRKE		I
2 HUNTER ARMS		I
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Continued on Part IV

Part II **List of S Corporation Shareholders** (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I – Individual E – Estate of Deceased Shareholder T – Trust O – Other

Name of S Corporation Partner ▶		TIN of Partner ▶
Name of Shareholder	Shareholder TIN	Type of Person (Code)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Continued on Part V

Part III **Total Number of Schedules K-1 Required To Be Issued.** See instructions.

1 Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership	1	2
2 Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners	2	
3 Total. Add line 1 and line 2	3	2

Note: If line 3 is more than 100, the partnership cannot make the election under section 6221(b).

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-2 (Form 1065) (12-2018)

PARTNER# 1

2022

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year

beginning

ending

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

☐ Final K-1☐ Amended K-1651121
OMB No. 1545-0123Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss) -173,931	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents	C*	48
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	A	43,464
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	N	STMT
10	Net section 1231 gain (loss)	Z*	STMT
11	Other income (loss)	AH*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

A Partnership's employer identification number

86-1276388

B Partnership's name, address, city, state, and ZIP code

GAI REMODELING LLC

PO BOX 1710

WAUKESHA

WI 53008-1710

C IRS Center where partnership filed return:

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

XXX-XX-XXXX

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

WILLIAM GEHRKE

11127 N WESTON DR

MEQUON

WI 53092

G ☐ General partner or LLC member-manager☒ Limited partner or other LLC memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (RA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000 %	50.000000 %
Loss	50.000000 %	50.000000 %
Capital	50.000000 %	50.000000 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$ 461,630

Check this box if Item K includes liability amounts from lower tier partnerships. ☐

L Partner's Capital Account Analysis

Beginning capital account	\$
Capital contributed during the year	\$ 32,394
Current year net income (loss)	\$ -173,979
Other increase (decrease) (attach explanation)	\$ -1
Withdrawals & distributions	\$ (43,464)
Ending capital account	\$ -185,050

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

PARTNER# 2

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2022

For calendar year 2022, or tax year

beginning

ending

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

86-1276388

B Partnership's name, address, city, state, and ZIP code

GAI REMODELING LLC

PO BOX 1710

WAUKESHA

WI 53008-1710

C IRS Center where partnership filed return:

E-FILE

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

XXX-XX-XXXX

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

HUNTER ARMS

11127 N WESTON DR

MEQUON

WI 53092

G ☐ General partner or LLC member-manager☒ Limited partner or other LLC memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (RA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000 %	50.000000 %
Loss	50.000000 %	50.000000 %
Capital	50.000000 %	50.000000 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$ 461,629

Check this box if Item K includes liability amounts from lower tier partnerships. ☐

L Partner's Capital Account Analysis

Beginning capital account	\$
Capital contributed during the year	\$ 32,393
Current year net income (loss)	\$ -173,979
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ (43,463)
Ending capital account	\$ -185,049

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1☐ Amended K-1651121
OMB No. 1545-0123Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	-173,931		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents	C*	48
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	A	43,463
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	N	STMT
10	Net section 1231 gain (loss)	Z*	STMT
11	Other income (loss)	AH*	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Name(s) shown on return

GAI REMODELING LLC

Identifying number

86-1276388

Business or activity to which this form relates

REMODELING

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	173,603
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	13,250
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	186,853
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25			
26 Property used more than 50% in a qualified business use:											
2017 FORD F-150	04/09/21	100.00 %	41,407	41,407	5.0	200DBHY	13,250				
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	13,250		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
					1,455
44 Total. Add amounts in column (f). See the instructions for where to report					44
					1,455

Schedule K	Section 199A Information Worksheet For calendar year 2022, or tax year beginning _____, and ending _____	2022
Partnership Name GAI REMODELING LLC		Employer Identification Number 86-1276388

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	REMODELING				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-347,862				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	962,227				
Qualified property	749,479				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

PARTNER# 1

Schedule K-1	Partner's Section 199A Information Worksheet For calendar year 2022, or tax year beginning _____, and ending _____	2022
Partnership Name GAI REMODELING LLC		Employer Identification Number 86-1276388
Partner's Name WILLIAM GEHRKE		Taxpayer Identification Number XXX-XX-XXXX

Schedule K-1, Box 20, Code Z - Section 199A Information

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	REMODELING				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-173,931				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	481,114				
Qualified property	374,740				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

PARTNER# 2

Schedule K-1	Partner's Section 199A Information Worksheet For calendar year 2022, or tax year beginning _____, and ending _____	2022
Partnership Name GAI REMODELING LLC		Employer Identification Number 86-1276388
Partner's Name HUNTER ARMS		Taxpayer Identification Number XXX-XX-XXXX

Schedule K-1, Box 20, Code Z - Section 199A Information

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	REMODELING				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-173,931				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	481,113				
Qualified property	374,739				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Federal Statements

General Footnote

Description

GAI REMODELING FILED AS A DISREGARDED ENTITY OF GEHRKE-ARMS INVESTMENTS LLC (FEIN:82-1943114) IN 2021. THIS IS IT'S FIRST YEAR FILING A SEPARATE 1065.

Federal Statements**Statement 1 - Form 1065, Page 1, Line 7 - Other Income (Loss)**

Description	Amount
AMAZON SHOP WITH POINTS CREDI	\$ 1,662
OTHER INCOME	644
TOTAL	<u>\$ 2,306</u>

Statement 2 - Form 1065, Page 1, Line 15 - Interest

Description	Amount
INTEREST	\$ 113,157
TOTAL	<u>\$ 113,157</u>

Statement 3 - Form 1065, Page 1, Line 20 - Other Deductions

Description	Amount
MANAGEMENT FEES	\$ 126,600
FREIGHT & POSTAGE	450
EQUIPMENT RENTAL	14,857
UTILITIES	2,035
TELEPHONE	1,513
ADVERTISING & PROMOTION	21,930
INSURANCE	71,597
TRAVEL & LODGING	472
VEHICLE EXPENSES	14,888
VEHICLE LEASE	16,545
COMMISSIONS	20,000
LEGAL & ACCOUNTING	8,582
OFFICE EXPENSE	21,158
BANK & CREDIT CARD CHARGES	7,331
DUES & SUBSCRIPTIONS	2,655
LAUNDRY & UNIFORMS	1,105
MEALS (100%)	964
AMORTIZATION	1,455
TOTAL	<u>\$ 334,137</u>

Statement 4 - Form 1065, Schedule K, Line 18c - Nondeductible Expenses

Description	Amount
PENALTIES & FINES	\$ 96
TOTAL	<u>\$ 96</u>

Federal Statements**Statement 5 - Form 1065, Schedule K, Line 20c - Other Items and Amounts**

Description	Amount
QUALIFIES FOR EXCEPTION TO FILING SCHEDULE K-2	\$
SEE ATTACHED SECTION 199A INFORMATION WORKSHEET	

Statement 6 - Form 1065, Schedule L, Line 17 - Other Current Liabilities

Description	Beginning of Year	End of Year
DUE TO EMPLOYEE	\$	\$ 11,000
CREDIT CARD PAYABLE - AMERICA		67,658
CREDIT CARD PAYABLE - CHASE		2,411
TOTAL	\$ 0	\$ 81,069

Statement 7 - Form 1065, Schedule M-1, Line 4 - Expenses Recorded on Books, Not on Sch K

Description	Amount
PENALTIES & FINES	\$ 96
TOTAL	\$ 96

Statement 8 - Form 1065, Schedule M-2, Line 7 - Other Decreases

Description	Amount
ROUNDING	\$ 1
TOTAL	\$ 1

Statement 9 - Form 1125-A, Line 5 - Other Costs

Description	Amount
OPERATING SUPPLIES	\$ 39
TOTAL	\$ 39

3882 GAI Remodeling LLC
86-1276388
FYE: 12/31/2022

Federal Statements
WILLIAM GEHRKE
323-76-5708

Schedule K-1, Item L - Other Increases (Decreases)

Description	Amount
ROUNDING	\$ -1
TOTAL	\$ -1

Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses

Code	Description	Amount
C	PENALTIES & FINES	\$ 48

Schedule K-1, Line 20 - Other Information

Code	Description	Amount
N	SCHEDULE K-1, LINE 1 BUSINESS INTEREST EXPENSE	\$ 56,579

Schedule K-1, Line 20AH - Additional Supplemental Information

Description
SCHEDULE K-3 WILL NOT BE DISTRIBUTED TO YOU UNLESS REQUESTED

3882 GAI Remodeling LLC
86-1276388
FYE: 12/31/2022

Federal Statements
HUNTER ARMS
259-91-5418

Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	PENALTIES & FINES	\$ 48

Schedule K-1, Line 20 - Other Information

<u>Code</u>	<u>Description</u>	<u>Amount</u>
N	SCHEDULE K-1, LINE 1 BUSINESS INTEREST EXPENSE	\$ 56,578

Schedule K-1, Line 20AH - Additional Supplemental Information

<u>Description</u>
SCHEDULE K-3 WILL NOT BE DISTRIBUTED TO YOU UNLESS REQUESTED

GAI Remodeling LLC
PO BOX 1710
WAUKESHA, WI 53008-1710

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

GAI Remodeling LLC
PO BOX 1710
WAUKESHA, WI 53008-1710

**Electing out of the Bonus Depreciation Allowance
for All Eligible Depreciable Property**

The taxpayer elects out of the first-year bonus depreciation allowance under IRC section 168(k)(7) for all eligible asset classes of depreciable property placed in service during the tax year.

Schedule M-2, Tax-based Capital Income (Loss) Worksheet		2022
Form 1065	For calendar year 2022, or tax year beginning _____, and ending _____	
Partnership Name GAI REMODELING LLC		Employer Identification Number 86-1276388

1	Net income (loss) per return (Form 1065, Page 5, Analysis of Net Income (Loss))	<u><u>- 347,862</u></u>
2	Income recorded on books this year not included on return	
a	Tax-exempt interest	
b	Other tax-exempt income	
c	Total tax-exempt income	
3	Expenses recorded on books this year not on return	
a	Meals	
b	Entertainment	
c	Tax credit adjustment	
d	Rent personal use expenses	
e	Conservation expenses	
f	Lease inclusion	
g	Other nondeductible expenses	96
h	Total nondeductible expenses	96
4	Net income (loss) per books (Schedule M-2, line 3)	<u><u>- 347,958</u></u>
5	Increase (decrease) adjustments to return income (loss)	
a	Section 743b negative adjustments	
b	Section 743b positive adjustments	
c	Guaranteed payments (other than health insurance)	
d	Net other increases (decreases) adjustments	
6	Net tax-based capital net income (loss) (Schedule K-1, Current year income (loss))	<u><u>- 347,958</u></u>

PARTNER# 1

Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2022
Schedule K-1	For calendar year 2022, or tax year beginning , and ending	
Partnership Name GAI REMODELING LLC		Employer Identification Number 86-1276388
Partner's Name WILLIAM GEHRKE		Taxpayer Identification Number XXX-XX-XXXX

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS

-173,931

SUBTOTAL

-173,931

SUBTRACTIONS:

EXPENSES NOT DEDUCTED ON TAX RETURN:

PENALTIES & FINES

48

SUBTOTAL

48

TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)

-173,979

=====

PARTNER# 2

Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet		2022
Schedule K-1	For calendar year 2022, or tax year beginning , and ending	
Partnership Name GAI REMODELING LLC	Employer Identification Number 86-1276388	
Partner's Name HUNTER ARMS	Taxpayer Identification Number XXX-XX-XXXX	

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS	-173,931
----------------------	----------

SUBTOTAL	-173,931
----------	----------

SUBTRACTIONS:

EXPENSES NOT DEDUCTED ON TAX RETURN:

PENALTIES & FINES	48
-------------------	----

SUBTOTAL	48
----------	----

TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)	-173,979
--------------------------------------------------------	----------

=====

PARTNER# 1

Partner's Basis Worksheet, Page 1

Schedule **K-1****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

GAI REMODELING LLC

Employer Identification Number

86-1276388

Partner's Name

WILLIAM GEHRKE

Taxpayer Identification Number

XXX-XX-XXXX

Beginning of year

0

Capital contributions: Cash	32,394	
Property (adjusted basis)		32,394
Income items: Ordinary business income		
Net rental real estate income		
Other net rental income		
Interest		
Dividends		
Royalties		
Net short-term capital gain		
Net long-term capital gain		
Net section 1231 gain		
Other portfolio income		
Other income		
Tax-exempt interest and other tax-exempt income		
Excess depletion		
Transfer of capital		
Gain on disposition of section 179 assets		
Other increases		
Distributions: Cash	43,464	
Property (adjusted basis)		(43,464)
Change in liabilities: Current year	461,630	
Prior year	()	461,630
Subtotal		450,560

Distribution in excess of partner basis		
Noncapital expenses: Nondeductible expenses		48
Deductible losses: Ordinary business loss	173,931	
Net rental real estate loss		
Other net rental loss		
Royalties		
Net short-term capital loss		
Net long-term capital loss		
Net section 1231 loss		
Other portfolio loss		
Other losses		
Section 179 deduction		
Charitable contributions		
Investment interest expense		
Section 59(e)(2) expenditures		
Portfolio income deductions		
Other deductions		
Foreign taxes		
Loss on disposition of section 179 assets		
Depletion		173,931
Other decreases	SEE STATEMENT	1

End of year

276,580

Note to partner: This worksheet was prepared based on partnership records. Please consult with your tax advisor for adjustments.

PARTNER# 2

Partner's Basis Worksheet, Page 1

Schedule **K-1****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

GAI REMODELING LLC

Employer Identification Number

86-1276388

Partner's Name

HUNTER ARMS

Taxpayer Identification Number

XXX-XX-XXXX

Beginning of year 0

Capital contributions: Cash	32,393	
Property (adjusted basis)		32,393
Income items: Ordinary business income		
Net rental real estate income		
Other net rental income		
Interest		
Dividends		
Royalties		
Net short-term capital gain		
Net long-term capital gain		
Net section 1231 gain		
Other portfolio income		
Other income		
Tax-exempt interest and other tax-exempt income		
Excess depletion		
Transfer of capital		
Gain on disposition of section 179 assets		
Other increases		
Distributions: Cash	43,463	
Property (adjusted basis)		(43,463)
Change in liabilities: Current year	461,629	
Prior year	()	461,629
Subtotal		450,559

Distribution in excess of partner basis		48
Noncapital expenses: Nondeductible expenses		
Deductible losses: Ordinary business loss	173,931	
Net rental real estate loss		
Other net rental loss		
Royalties		
Net short-term capital loss		
Net long-term capital loss		
Net section 1231 loss		
Other portfolio loss		
Other losses		
Section 179 deduction		
Charitable contributions		
Investment interest expense		
Section 59(e)(2) expenditures		
Portfolio income deductions		
Other deductions		
Foreign taxes		
Loss on disposition of section 179 assets		
Depletion		173,931
Other decreases		
End of year		276,580

Note to partner: This worksheet was prepared based on partnership records. Please consult with your tax advisor for adjustments.

Schedule K-1 Summary Worksheet

Form **1065**

For calendar year 2022, or tax year beginning , and ending

2022

Partnership Name

Employer Identification Number

GAI REMODELING LLC

86-1276388

Partner Name

SSN/EIN

Column A WILLIAM GEHRKE XXX-XX-XXXX

Column B HUNTER ARMS XXX-XX-XXXX

Column C

Column D

Schedule K Items	Column A	Column B	Column C	Column D	SCH K TOTAL
1 Ordinary income	-173,931	-173,931			-347,862
2 Net income-rent					
3c Net inc-oth rent					
4a Guar pmts services					
4b Guar pmts capital					
5 Interest income					
6a Ordinary dividends					
6b Qual dividends					
6c Dividend equivalents					
7 Royalties					
8 Net ST capital gain					
9a Net LT capital gain					
9b Collectibles 28% gain					
9c Unrecap sec 1250					
10 Net sec 1231 gain					
11 Other income					
12 Sec 179 deduction					
13a Contributions					
13b Invest interest exp					
13c Sec 59(e)(2) exp					
13d Other deductions					
14a Net SE earnings					
14b Gross farming inc					
14c Gross nonfarm inc					
15a Low-inc house 42j5					
15b Low-inc house other					
15c Qual rehab exp					
15d Rental RE credits					
15e Other rental credits					
15f Other credits					
17a Depr adjustment					
17b Adj gain or loss					
17c Depletion					
17d Inc-oil/gas/geoth					
17e Ded-oil/gas/geoth					
17f Other AMT items					
18a Tax-exempt int					
18b Other tax-exempt					
18c Nonded expense	48	48			96
19a Cash distributions	43,464	43,463			86,927
19b Property distributions					
20a Invest income					
20b Invest expense					
21 Total foreign taxes					

Schedule K-1 Percentages Summary Worksheet

Form **1065****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

Employer Identification Number

GAI REMODELING LLC

86-1276388

Partner Number	Partner Name	Profit		Loss		Capital	
		Beginning	Ending	Beginning	Ending	Beginning	Ending
1	WILLIAM GEHRKE	50.000000	50.000000	50.000000	50.000000	50.000000	50.000000
2	HUNTER ARMS	50.000000	50.000000	50.000000	50.000000	50.000000	50.000000

Reconciliation of Partners' Basis Worksheet

Form **1065****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

Employer Identification Number

GAI REMODELING LLC

86-1276388

Partner Number	Partner Name	Beginning Basis	Increases	Distribution in Excess of Basis	Allowed Decreases	Ending Basis
1	WILLIAM GEHRKE	0	450,560	0	173,980	276,580
2	HUNTER ARMS	0	450,559	0	173,979	276,580

Total this page	<u>0</u>	<u>901,119</u>	<u>0</u>	<u>347,959</u>	<u>553,160</u>
Total all pages	<u><u>0</u></u>	<u><u>901,119</u></u>	<u><u>0</u></u>	<u><u>347,959</u></u>	<u><u>553,160</u></u>

Reconciliation of Partners' Capital Accounts Worksheet

Form **1065****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

Employer Identification Number

GAI REMODELING LLC

86-1276388

Partner Number	Partner Name	Beginning Capital	Capital Contributed	Current Year Net Income (Loss)	Increases & Decreases	Withdrawals & Distributions	Ending Capital
1	WILLIAM GEHRKE	0	32,394	-173,979	-1	43,464	-185,050
2	HUNTER ARMS	0	32,393	-173,979	0	43,463	-185,049

Total this page	<u>0</u>	<u>64,787</u>	<u>-347,958</u>	<u>-1</u>	<u>86,927</u>	<u>-370,099</u>
Total all pages	<u>0</u>	<u>64,787</u>	<u>-347,958</u>	<u>-1</u>	<u>86,927</u>	<u>-370,099</u>

Federal Statements**Form 1065, Page 1, Line 14 - Taxes and Licenses**

Description	Amount
FICA TAX	\$ 18,625
UNEMPLOYMENT TAX	533
PERMITS & LICENSES	3,520
TOTAL	<u>\$ 22,678</u>

Form 1065, Schedule L, Line 1 - Cash

Description	Beginning of Year	End of Year
CASH ON HAND	\$	\$ 60,938
CASH IN BANK - CHECKING		27,295
TOTAL	<u>\$ 0</u>	<u>\$ 88,233</u>

Form 1065, Schedule L, Line 9a - Buildings and Other Depreciable Assets

Description	Beginning of Year	End of Year
FIXTURES AND EQUIPMENT	\$	\$ 708,072
TRANSPORTATION EQUIPMENT		41,407
TOTAL	<u>\$ 0</u>	<u>\$ 749,479</u>

Form 1065, Schedule L, Line 9b - Accumulated Depreciation

Description	Beginning of Year	End of Year
ACCUMULATED DEPRECIATION	\$	\$ 296,437
TOTAL	<u>\$ 0</u>	<u>\$ 296,437</u>

Form 1065, Schedule L, Line 12a - Intangible Assets

Description	Beginning of Year	End of Year
LOAN FEES	\$	\$ 14,553
TOTAL	<u>\$ 0</u>	<u>\$ 14,553</u>

Federal Statements**Form 1065, Schedule L, Line 12b - Accumulated Amortization**

Description	Beginning of Year	End of Year
LESS: AMORTIZATION	\$	\$ 2,668
TOTAL	\$ 0	\$ 2,668

Form 1065, Schedule L, Line 16 - Mortgage, Notes, Bonds Payable Less Than 1 Yr

Description	Beginning of Year	End of Year
NOTE PAYABLE - CURRENT	\$	\$ 60,000
NOTE PAYABLE - KABBAGE		42,167
NOTE PAYABLE - VOX FUNDING		55,097
NOTE PAYABLE - QUICKBOOKS		42,782
TOTAL	\$ 0	\$ 200,046

Form 1065, Schedule L, Line 19b - Mortgage, Notes, Bonds Payable in 1 Yr or More

Description	Beginning of Year	End of Year
NOTE PAYABLE - FUND-EX SOLUTI	\$	\$ 641,897
NOTE PAYABLE - INDIGO REMODEL		34,250
NOTE PAYABLE - 2017 FORD F150		25,997
LESS: NOTE PAY. - CURRENT		-60,000
TOTAL	\$ 0	\$ 642,144

Form 1125-A, Line 3 - Cost of Labor

Description	Amount
CONTRACTED SERVICES	\$ 719,118
TOTAL	\$ 719,118

3882 GAI Remodeling LLC

86-1276388

FYE: 12/31/2022

Federal Statements

WILLIAM GEHRKE

323-76-5708

Partner's Basis Worksheet - Other Decreases

Description	Amount
ROUNDING	\$ 1
TOTAL	\$ 1

3882 GAI Remodeling LLC

86-1276388

FYE: 12/31/2022

Federal Asset Report

REMODELING

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Prior MACRS:</u>									
2	Office Furniture	4/15/21	2,947			2,947	7 HY 200DB	421	722
3	Laser Printer	4/11/21	2,625			2,625	5 HY 200DB	525	840
5	Fixtures & Equipment	3/16/21	700,000			700,000	7 HY 200DB	100,000	171,429
7	Desk	4/22/21	2,500			2,500	7 HY 200DB	357	612
			<u>708,072</u>			<u>708,072</u>		<u>101,303</u>	<u>173,603</u>
<u>Listed Property:</u>									
6	2017 Ford F-150	4/09/21	41,407			41,407	5 HY 200DB	8,281	13,250
			<u>41,407</u>			<u>41,407</u>		<u>8,281</u>	<u>13,250</u>
<u>Amortization:</u>									
4	Loan Fees	3/16/21	14,553			14,553	10 MOAmort	1,213	1,455
			<u>14,553</u>			<u>14,553</u>		<u>1,213</u>	<u>1,455</u>
Grand Totals			764,032			764,032		110,797	188,308
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>764,032</u>			<u>764,032</u>		<u>110,797</u>	<u>188,308</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	ACE	AMT Adjustments/ Preferences
<u>Additional ACE Information for Other Assets:</u>							
Page 1	1	2	Office Furniture	722	0 *	722 s	
Page 1	1	3	Laser Printer	840	0 *	840 s	
Page 1	1	5	Fixtures & Equipment	171,429	0 *	171,429 s	
Page 1	1	6	2017 Ford F-150	13,250	0 *	13,250 s	
Page 1	1	7	Desk	612	0 *	612 s	
				<u>186,853</u>	<u>0</u>	<u>186,853 s</u>	
Totals for ACE Depreciation Adjustment:							
AMT Depreciation Addback					<u>186,853</u>		
ACE Depreciation Expense						<u>186,853 s</u>	

* - This asset has no values in AMT column, assume AMT = Tax Value
s - Substituted applicable AMT or Tax data when ACE column is blank.

Illinois Diagnostics

Critical Messages

None

Electronic Filing

None

Illinois Return Summary

For calendar year 2022, or tax year beginning , and ending

GAI REMODELING LLC

86-1276388

Form IL-1065

Net Income - 347,380

Tax Computation

Replacement tax	0	
IL-4255 investment credit recapture	0	
IL-477 investment credits	0	
Pass-through withholding	0	
Total net replacement tax and pass-through withholding		0

Payments / Penalties

Total payments	0	
Penalties and interest	0	
Total payments / penalties		0

Amount due / (overpayment) 0

Overpayment credited to next year 0

Amount of refund 0

Form IL-1065-V

First quarter		0
Second quarter		0
Third quarter		0
Fourth quarter		0

Filing Instructions

GAI Remodeling LLC

Form IL-1065 - Partnership Replacement Tax Return

Taxable Year Ended December 31, 2022

Date Due: April 18, 2023

Remittance: None is required. No amount is due or overpaid.

Signature: Illinois does not require an additional electronic filing signature document. No further action is required.

Other: Your return is being filed electronically with the Illinois Department of Revenue and is not required to be mailed. If you mail a paper copy of IL-1065 to the Illinois Department of Revenue it will delay processing of your return.

Illinois Department of Revenue

2022 Form IL-1065

Partnership Replacement Tax Return

See "When should I file?" in the Form IL-1065 instructions for a list of due dates.



If this return is not for calendar year 2022, enter your fiscal tax year here.

Tax year beginning _____, ending _____
month day year month day year

WARNING

This form is for tax years ending on or after December 31, 2022, and before December 31, 2023.
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ _____

Step 1: Identify your partnership

A Enter your complete legal business name.

If you have a name change, check this box. ☐Name: GAI REMODELING LLC

B Enter your mailing address.

Check this box if either of the following apply: ☒☐ this is your **first return**, or☐ you have an **address change**.

C/O: _____

Mailing address: PO BOX 1710
WAUKESHA WI 53008-1710

City: _____ State: _____ ZIP: _____

C If this is the first or final return, check the applicable box(es).

☒ First return☐ Final return (Enter the date of termination. _____)
mm dd yyyyD If this is a final return because you sold this business, enter the date sold
(mm dd yyyy) _____, and the new owner's FEIN.E **Apportionment Formulas.** Check the appropriate box or boxes and see Apportionment Formula instructions.☐ Financial organizations☐ Transportation companies☐ Federally regulated exchanges☐ Sales companies

F Check this box if you are:

☐ classified as an investment partnership☐ classified as a publicly-traded partnershipG Check this box if you made an IRC § 761 election. ☐H Check this box if you are a 52/53 week filer. ☐I Check this box if you elected to file and pay Pass-through Entity (PTE) Tax. See instructions. ☐J If you are paying Pass-through Entity (PTE) Tax and you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220. ☐

K Enter your federal employer identification number (FEIN).

86-1276388L ☐ Check this box if you are a member of a unitary business group **and** are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the Schedule UB and **attach** it to this return.

M Enter your North American Industry Classification System (NAICS) Code. See instructions.

236110

N Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

BROOKFIELDWI 53008

City State ZP

O If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44. ☐P If you have completed the following, check the box and **attach** the federal form(s) to this return.☐ Federal Form 8886☐ Federal Sch. M-3, Part II, Line 10Q Check this box if you attached Form IL-4562. ☐R Check this box if you attached Illinois Schedule M (for businesses). ☐S Check this box if you attached Schedule 80/20. ☐T Check this box if you attached Schedule 1299-A. ☐U Check this box if your business activity is protected under Public Law 86-272. ☐V Check this box if you attached the Subgroup Schedule. ☐

Step 2: Figure your ordinary income or loss

(Whole dollars only)

1 Ordinary income or loss, or equivalent from federal Schedule K.	1 <u>-347,862.00</u>
2 Net income or loss from all rental real estate activities.	2 <u>.00</u>
3 Net income or loss from other rental activities.	3 <u>.00</u>
4 Portfolio income or loss.	4 <u>.00</u>
5 Net IRC Section 1231 gain or loss.	5 <u>.00</u>
6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065. See instructions. Identify: _____	6 <u>.00</u>
7 Add Lines 1 through 6. This is your ordinary income or loss.	7 <u>-347,862.00</u>

Step 3: Figure your unmodified base income or loss

8 Charitable contributions.	8 <u>.00</u>
9 Expense deduction under IRC Section 179.	9 <u>.00</u>
10 Interest on investment indebtedness.	10 <u>.00</u>
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065. See instructions. Identify: <u>SEE STATEMENT 1</u>	11 <u>-482.00</u>
12 Add Lines 8 through 11.	12 <u>-482.00</u>
13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 <u>-347,380.00</u>

u Attach your payment and Form IL-1065-V here. t

**Step 4: Figure your income or loss**

14	Enter your unmodified base income or loss from Line 13.	14	-347,380.00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois taxes deducted in arriving at Line 14. See instructions.	16	.00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	.00
18	Related-Party Expenses addition. Attach Schedule 80/20.	18	.00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	.00
20	Guaranteed payments to partners from U.S. Form 1065.	20	.00
21	The amount of loss distributable to a partner subject to replacement tax. Attach Schedule B.	21	.00
22	Other additions. Attach Illinois Schedule M (for businesses).	22	.00
23	Add Lines 14 through 22. This amount is your income or loss.	23	-347,380.00

Step 5: Figure your base income or loss

24	Interest income from U.S. Treasury or other exempt federal obligations.	24	.00
25	August 1, 1969, valuation limitation amount. Attach Schedule F.	25	.00
26	Personal service income or reasonable allowance for compensation of partners.	26	.00
27	Share of income distributable to a partner subject to replacement tax. Attach Schedule B.	27	.00
28	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	28	.00
29	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	29	.00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	.00
31	Related-Party Expenses subtraction. Attach Schedule 80/20.	31	.00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	.00
33	Other subtractions. Attach Schedule M (for businesses).	33	.00
34	Total subtractions. Add Lines 24 through 33.	34	.00
35	Base income or loss. Subtract Line 34 from Line 23.	35	-347,380.00

STOP	A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/> - Note → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.
	B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/>

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	.00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	.00
38	Add Lines 36 and 37.	38	.00
39	Business income or loss. Subtract Line 38 from Line 35.	39	.00
40	Total sales everywhere. This amount cannot be negative.	40	.00
41	Total sales inside Illinois. This amount cannot be negative.	41	.00
42	Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places.	42	
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	.00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	.00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	.00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	.00

**Step 7: Figure your net income**

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	-347,380.00
48	Illinois net loss deduction. If Line 47 is zero or a negative amount, enter zero. Attach Schedule NLD. Check this box and attach a detailed statement if you have merged losses. <input type="checkbox"/>	48	0.00
49	Income after NLD. Subtract Line 48 from Line 47.	49	-347,380.00
50	Enter the amount from Step 5, Line 35.	50	-347,380.00
51	Divide Line 47 by Line 50. Round the result to six decimal places. This figure cannot be greater than one.	51	1.000000
52	Exemption allowance. See instructions before completing.	52	.00
53	Net income. Subtract Line 52 from Line 49.	53	-347,380.00

Step 8: Figure the taxes, pass-through withholding, and penalty you owe

54	Replacement tax. Multiply Line 53 by 1.5% (.015).	54	0.00
55	Recapture of investment credits. Attach Schedule 4255.	55	.00
56	Replacement tax before investment credits. Add Lines 54 and 55.	56	.00
57	Investment credits. Attach Form IL-477.	57	.00
58	Net replacement tax. Subtract Line 57 from Line 56. If the amount is negative, enter zero.	58	0.00
59	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 5. See instructions. Attach Schedule B.	59	.00
60	Pass-through entity income. See instructions. <input checked="" type="checkbox"/> 60	60	.00
61	Pass-through entity tax. Multiply Line 60 by 4.95% (.0495).	61	.00
62	Total net replacement tax, pass-through withholding, and pass-through entity tax you owe. Add Lines 58, 59, and 61.	62	.00
63	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	63	.00
64	Total taxes, pass-through withholding, and penalty. Add Lines 62 and 63.	64	.00

Step 9: Figure your refund or balance due

65	Payments. See instructions.	
a	Credits from previous overpayments.	65a .00
b	Total payments made before the date this return is filed.	65b .00
c	Pass-through withholding reported to you. Attach Schedule(s) K-1-P or K-1-T.	65c .00
d	Illinois income tax withholding. Attach Form(s) W-2G.	65d .00
66	Total payments. Add Lines 65a through 65d.	66 .00
67	Overpayment. If Line 66 is greater than Line 64, subtract Line 64 from Line 66.	67 .00
68	Amount to be credited forward . See instructions. Check this box and attach a detailed statement if this carryforward is going to a different FEIN. <input checked="" type="checkbox"/>	68 .00
69	Refund. Subtract Line 68 from Line 67. This is the amount to be refunded.	69 .00
70	Complete to direct deposit your refund Routing Number <input type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account Number <input type="text"/>	
71	Tax Due. If Line 64 is greater than Line 66, subtract Line 66 from Line 64. This is the amount you owe.	71 .00

Special**Note**

Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Signature of partner	Date (mm/dd/yyyy)	TITLE	Phone	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	SIERRA HODSON		PARTNER		
Paid Preparer Use Only	SIERRA HODSON		02/19/23	<input type="checkbox"/> Check if self-employed	P02251674
	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN
	Firm's name	EWH SMALL BUSINESS ACCOUNTING S.C.		Firm's FEIN	39-1330512
	Firm's address	WAUKESHA, WI 53186		Firm's phone	262-796-1040

If a payment is enclosed, mail your Form IL-1065 to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19053
SPRINGFIELD IL 62794-9053If a payment is **not** enclosed, mail your Form IL-1065 to:ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19031
SPRINGFIELD IL 62794-9031

Illinois Department of Revenue
2022 Schedule B
Partners' or Shareholders' Information
 Attach to your Form IL-1065 or Form IL-1120-ST.



Year ending
12/31/22

Month Year

IL Attachment No. 1

GAI REMODELING LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

86-1276388

Enter your federal employer identification number (FEIN).

Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Illinois Department of Revenue. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP

Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1 0
- Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2 0
- Add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here. See instructions. 3

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Line J for your
 - nonresident individual members. See instructions. 4a 0
 - nonresident estate members. See instructions. 4b 0
 - partnership and S corporation members. See instructions. 4c 0
 - nonresident trust members. See instructions. 4d 0
 - C corporation members. See instructions. 4e 0
- Add Line 4a through Line 4e. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here **and** on Form IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. 5 0
- Enter the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K. 6 0
- Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B, Section B, Line L. 7

U Attach all pages of Schedule B, Section B behind this page.

Illinois Department of Revenue
2022 Schedule B


GAI REMODELING LLC

86-1276388

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

	Member 1	Member 2	Member 3	Member 4
A Name	WILLIAM GEHRKE	HUNTER ARMS		
C/O				
Addr. 1	11127 N WESTON DR	11127 N WESTON DR		
Addr. 2				
City	MEQUON	MEQUON		
State, ZIP	WI 53092	WI 53092		
B Partner or Shareholder	I	I		
C SSN/FEIN	XXX-XX-XXXX	XXX-XX-XXXX		
D Subject to Illinois replacement tax or an ESOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Member's distributable amount of base income or loss	-173,690	-173,690		
F Excluded from pass-through withholding				
G Share of Illinois income subject to pass-through withholding				
H Pass-through withholding before credits				
I Distributable share of credits				
J Pass-through withholding amount				
K PTE tax credit paid to members				
L PTE tax credit received and distributed to members				

Note → If you have more members than space provided, attach additional copies of this page as necessary. PAGE 1 OF 1

Schedule K-1-P

Year ending

12/31/22

Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type ☒ partnership ☐ S corporation
- 2 GAI REMODELING LLC
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 86-1276388
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Step 2: Identify your partner or shareholder

- 5 WILLIAM GEHRKE
Name
- 6 11127 N WESTON DR
Mailing address MEQUON WI 53092
City State ZIP
- 7 -5708
Social Security number or FEIN
- 8 50.000000
Share (%)

9a Check the appropriate box. See instructions.

- ☒ individual ☐ corporation ☐ trust
☐ partnership ☐ S corporation ☐ estate

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity
and the amounts on this schedule will be reported by:

Name: _____

SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ Specify	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>-173,931</u>	<u>-173,931</u>
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 _____	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense <u>SEE STATEMENT 1,2</u> Specify	31 <u>241</u>	<u>241</u>

THERE ARE NO AMOUNTS FOR PAGE 2.

Illinois Department of Revenue

Schedule K-1-P



Year ending

12/31/22

Month Year

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Step 1: Identify your partnership or S corporation

- 1 Check your business type ☒ partnership ☐ S corporation
- 2 GAI REMODELING LLC
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
- 3 86-1276388
Enter your federal employer identification number (FEIN).
- 4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Step 2: Identify your partner or shareholder

- 5 HUNTER ARMS
Name
- 6 11127 N WESTON DR
Mailing address MEQUON WI 53092
City State ZIP
- 7 -5418
Social Security number or FEIN
- 8 50.000000
Share (%)

9a Check the appropriate box. See instructions.

- ☒ individual ☐ corporation ☐ trust
☐ partnership ☐ S corporation ☐ estate

9b To be completed by the recipient on Line 5 only.

I am a: ☐ grantor trust ☐ disregarded entity
and the amounts on this schedule will be reported by:

Name: _____

SSN or FEIN: _____

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

	A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10 _____	_____
11 Dividends	11 _____	_____
12 Rental income	12 _____	_____
13 Patent royalties	13 _____	_____
14 Copyright royalties	14 _____	_____
15 Other royalty income	15 _____	_____
16 Capital gain or loss from real property	16 _____	_____
17 Capital gain or loss from tangible personal property	17 _____	_____
18 Capital gain or loss from intangible personal property	18 _____	_____
19 Other income and expense _____ Specify	19 _____	_____

Step 4: Figure your partner's or shareholder's share of your business income or loss

	A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>-173,931</u>	<u>-173,931</u>
21 Net income or loss from rental real estate activities	21 _____	_____
22 Net income or loss from other rental activities	22 _____	_____
23 Interest	23 _____	_____
24 Dividends	24 _____	_____
25 Royalties	25 _____	_____
26 Net short-term capital gain or loss	26 _____	_____
27 Net long-term capital gain or loss. Total for year.	27 _____	_____
28 Unrecaptured Section 1250 gain	28 _____	_____
29 Guaranteed payments to partner (U.S. Form 1065 only)	29 _____	_____
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30 _____	_____
31 Other income and expense <u>SEE STATEMENT 1,2</u> Specify	31 <u>241</u>	<u>241</u>

THERE ARE NO AMOUNTS FOR PAGE 2.

Illinois Department of Revenue

2022 Schedule K-1-P(3)

Pass-through Withholding Calculation for Nonresident Members

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Year ending

12/31/22
Month Year

Read this information first:

- For tax years ending on or after December 31, 2022, and before December 31, 2023.
- You must complete Schedule K-1-P(3) for each nonresident partner or shareholder who has not submitted a Form IL-1000-E to you.
- Do not complete Schedule K-1-P(3) for any member who is a resident or who has submitted Form IL-1000-E to you.
- Do not complete Schedule K-1-P(3) if you have elected to pay Pass-through Entity Tax.

Note → Keep this schedule with your income tax records. You must send us this information if we request it.

Step 1: Identify your partnership or S corporation

1 GAI REMODELING LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

2 86-1276388

Enter your federal employer identification number (FEIN).

Step 2: Identify your nonresident partner or shareholder

3 WILLIAM GEHRKE

Name

4 [REDACTED]-5708

Social Security number or FEIN

5 Check the appropriate box to identify this nonresident partner's or shareholder's organization type.

☒ individual
 ☐ corporation
 ☐ trust
 ☐ partnership
 ☐ S corporation
 ☐ estate

Step 3: Figure your nonresident partner's or shareholder's pass-through withholding

Note → If this member is a resident or has submitted Form IL-1000-E to you, do not complete this schedule for this member.

6 Add the amounts from this member's Schedule K-1-P, Step 3, Column B, Lines 12 through 17 and enter the total here. This is your member's share of nonbusiness income allocable to Illinois before modifications and credits. See instructions before completing.	6	
7 Add the amounts from this member's Schedule K-1-P, Step 4, Column B, Lines 20 through 27 and 29 through 31 and enter the total here. This is your member's share of business income allocable to Illinois before modifications and credits. See instructions before completing.	7	-173,690
8 Add Line 6 and Line 7 and enter the result.	8	-173,690
9 Add the amounts from this member's Schedule K-1-P, Column B, Lines 32 through 37 and enter the total here. This is your member's share of additions allocable to Illinois.	9	
10 Add Line 8 and Line 9 and enter the result.	10	-173,690
11 Add the amounts from this member's Schedule K-1-P, Column B, Lines 38a through 47 and enter the total here. If this member is an individual, partnership, trust, or estate and received Illinois August 1, 1969, appreciation amounts from you, see instructions. This is your member's share of subtractions allocable to Illinois.	11	
12 Subtract Line 11 from Line 10. If negative, enter zero. This is your member's share of Illinois income subject to pass-through withholding. See instructions.	12	0
Note → If this member is a nonresident individual or estate, enter zero on Lines 13 through 15 and go to Line 16.		
13 Replacement tax before credits. If this member is a partnership, S corporation, or nonresident trust, multiply Line 12 by 1.5% (.015) and enter the result; corporation, multiply Line 12 by 2.5% (.025) and enter the result.	13	
14 Enter the amount of Illinois replacement tax investment credits passed to this member and available for use this year.	14	
15 Subtract Line 14 from Line 13. If negative, enter zero. This is your member's share of replacement tax after credits.	15	
Note → If this member is a nonresident partnership or S corporation, enter zero on Lines 16 through 18 and go to Line 19.		
16 Income Tax before credits. See instructions.	16	
17 Enter the amount of Illinois income tax credits passed to this member and available for use this year. See instructions.	17	
18 Subtract Line 17 from Line 16. If negative, enter zero. This is your member's share of income tax after credits.	18	
19 Add Lines 15 and 18 and enter the result. This is your member's total pass-through withholding. Report this amount on this member's Schedule K-1-P, Step 7, Line 55. You must also report this amount on your Form IL-1065 or Form IL-1120-ST, Schedule B, Section B, Line J, on the line which reports this member's amounts.	19	

► Keep a copy of this schedule for each member with your income tax records. Do not send Schedule K-1-P(3) to your members or submit it to the Illinois Department of Revenue unless we specifically request it from you.

Illinois Department of Revenue

2022 Schedule K-1-P(3)

Pass-through Withholding Calculation for Nonresident Members

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Year ending

12/31/22
Month Year

Read this information first:

- For tax years ending on or after December 31, 2022, and before December 31, 2023.
- You **must** complete Schedule K-1-P(3) for each nonresident partner or shareholder who **has not** submitted a Form IL-1000-E to you.
- Do not** complete Schedule K-1-P(3) for any member who is a resident or who has submitted Form IL-1000-E to you.
- Do not** complete Schedule K-1-P(3) if you have elected to pay Pass-through Entity Tax.

Note Keep this schedule with your income tax records. You must send us this information if we request it.

Step 1: Identify your partnership or S corporation

1 GAI REMODELING LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

2 86-1276388

Enter your federal employer identification number (FEIN).

Step 2: Identify your nonresident partner or shareholder

3 HUNTER ARMS

Name

4 [REDACTED]-5418

Social Security number or FEIN

5 Check the appropriate box to identify this nonresident partner's or shareholder's organization type.

☒ individual
 ☐ corporation
 ☐ trust
 ☐ partnership
 ☐ S corporation
 ☐ estate

Step 3: Figure your nonresident partner's or shareholder's pass-through withholding

Note If this member is a resident or has submitted Form IL-1000-E to you, do not complete this schedule for this member.

6 Add the amounts from this member's Schedule K-1-P, Step 3, Column B, Lines 12 through 17 and 19 and enter the total here. This is your member's share of nonbusiness income allocable to Illinois before modifications and credits. See instructions before completing.	6	
7 Add the amounts from this member's Schedule K-1-P, Step 4, Column B, Lines 20 through 27 and 29 through 31 and enter the total here. This is your member's share of business income allocable to Illinois before modifications and credits. See instructions before completing.	7	-173,690
8 Add Line 6 and Line 7 and enter the result.	8	-173,690
9 Add the amounts from this member's Schedule K-1-P, Column B, Lines 32 through 37 and enter the total here. This is your member's share of additions allocable to Illinois.	9	
10 Add Line 8 and Line 9 and enter the result.	10	-173,690
11 Add the amounts from this member's Schedule K-1-P, Column B, Lines 38a through 47 and enter the total here. If this member is an individual, partnership, trust, or estate and received Illinois August 1, 1969, appreciation amounts from you, see instructions. This is your member's share of subtractions allocable to Illinois.	11	
12 Subtract Line 11 from Line 10. If negative, enter zero. This is your member's share of Illinois income subject to pass-through withholding. See instructions.	12	0
Note If this member is a nonresident individual or estate, enter zero on Lines 13 through 15 and go to Line 16.		
13 Replacement tax before credits. If this member is a partnership, S corporation, or nonresident trust, multiply Line 12 by 1.5% (.015) and enter the result; corporation, multiply Line 12 by 2.5% (.025) and enter the result.	13	
14 Enter the amount of Illinois replacement tax investment credits passed to this member and available for use this year.	14	
15 Subtract Line 14 from Line 13. If negative, enter zero. This is your member's share of replacement tax after credits.	15	
Note If this member is a nonresident partnership or S corporation, enter zero on Lines 16 through 18 and go to Line 19.		
16 Income Tax before credits. See instructions.	16	
17 Enter the amount of Illinois income tax credits passed to this member and available for use this year. See instructions.	17	
18 Subtract Line 17 from Line 16. If negative, enter zero. This is your member's share of income tax after credits.	18	
19 Add Lines 15 and 18 and enter the result. This is your member's total pass-through withholding. Report this amount on this member's Schedule K-1-P, Step 7, Line 55. You must also report this amount on your Form IL-1065 or Form IL-1120-ST, Schedule B, Section B, Line J, on the line which reports this member's amounts.	19	

U Keep a copy of this schedule for each member with your income tax records. Do not send Schedule K-1-P(3) to your members or submit it to the Illinois Department of Revenue unless we specifically request it from you.

Illinois Statements

General Footnote

Description

GAI REMODELING FILED AS A DISREGARDED ENTITY OF GEHRKE-ARMS INVESTMENTS LLC (FEIN:82-1943114) IN 2021. THIS IS IT'S FIRST YEAR FILING A SEPARATE 1065.

3882 GAI Remodeling LLC

86-1276388

FYE: 12/31/2022

Illinois Statements

Statement 1 - Form IL-1065, Page 1, Step 3, Line 11 - Other Items of Expense

Description		Amount
50% MEALS		\$ -482
TOTAL		\$ -482

3882 GAI Remodeling LLC
86-1276388
FYE: 12/31/2022

Illinois Statements
WILLIAM GEHRKE
██████-5708

Statement 1 - Schedule K-1-P, Page 1, Line 31, Column A - Other Income and Expense

Description	Amount
50% MEALS	\$ 241
TOTAL	\$ 241

Statement 2 - Schedule K-1-P, Page 1, Line 31, Column B - Other Income and Expense

Description	Amount
50% MEALS	\$ 241
TOTAL	\$ 241

3882 GAI Remodeling LLC
86-1276388
FYE: 12/31/2022

Illinois Statements
HUNTER ARMS
██████-5418

Statement 1 - Schedule K-1-P, Page 1, Line 31, Column A - Other Income and Expense

Description	Amount
50% MEALS	\$ 241
TOTAL	\$ 241

Statement 2 - Schedule K-1-P, Page 1, Line 31, Column B - Other Income and Expense

Description	Amount
50% MEALS	\$ 241
TOTAL	\$ 241

Form 1065 Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2022, or tax year beginning _____, ending _____ Go to www.irs.gov/Form1065 for instructions and the latest information.		OMB No. 1545-0123 2022	
A Principal business activity CONSTRUCTION		Name of partnership GAI REMODELING LLC		D Employer identification number 86-1276388	
B Principal product or service REMODELING		Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1710		E Date business started 03/02/2021	
C Business code number 236110		City or town, state or province, country, and ZIP or foreign postal code WAUKESHA WI 53008-1710		F Total assets (see instructions) \$ 553,160	
G Check applicable boxes: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify): _____ I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: _____ 2 J Check if Schedules C and M-3 are attached _____ <input type="checkbox"/> K Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes					
Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.					
Income	1a Gross receipts or sales		1a 1,573,282		
	b Returns and allowances		1b		
	c Balance. Subtract line 1b from line 1a				1c 1,573,282
	2 Cost of goods sold (attach Form 1125-A)				2 1,010,572
	3 Gross profit. Subtract line 2 from line 1c				3 562,710
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6
Deductions (see instructions for limitations)	7 Other income (loss) (attach statement)		SEE STATEMENT 1		7 2,306
	8 Total income (loss). Combine lines 3 through 7				8 565,016
	9 Salaries and wages (other than to partners) (less employment credits)				9 243,109
	10 Guaranteed payments to partners				10
	11 Repairs and maintenance				11
	12 Bad debts				12
	13 Rent				13 11,513
	14 Taxes and licenses				14 22,678
	15 Interest (see instructions)		SEE STATEMENT 2		15 113,157
	16a Depreciation (if required, attach Form 4562)		16a 186,853		
	b Less depreciation reported on Form 1125-A and elsewhere on return		16b		16c 186,853
Tax and Payment	17 Depletion (Do not deduct oil and gas depletion.)				17
	18 Retirement plans, etc.				18
	19 Employee benefit programs				19 1,431
	20 Other deductions (attach statement)		SEE STATEMENT 3		20 334,137
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21 912,878
	22 Ordinary business income (loss). Subtract line 21 from line 8				22 -347,862
	23 Interest due under the look-back method—completed long-term contracts (attach Form 8697)				23
	24 Interest due under the look-back method—income forecast method (attach Form 8866)				24
	25 BBA AAR imputed underpayment (see instructions)				25
	26 Other taxes (see instructions)				26
27 Total balance due. Add lines 23 through 26				27	
28 Payment (see instructions)				28	
29 Amount owed. If line 28 is smaller than line 27, enter amount owed				29	
30 Overpayment. If line 28 is larger than line 27, enter overpayment				30	
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of partner or limited liability company member _____ Date _____					
Paid Print/Type preparer's name SIERRA HODSON		Preparer's signature SIERRA HODSON		Date 02/19/23	
Preparer Firm's name EWH SMALL BUSINESS ACCOUNTING S.C.		Firm's EIN 39-1330512		Check <input type="checkbox"/> if self-employed PTIN P02251674	
Use Only Firm's address 20670 WATERTOWN ROAD, SUITE 1040 WAUKESHA, WI 53186		Phone no. 262-796-1040			

For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2022)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
a <input type="checkbox"/> Domestic general partnership		
b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company		
d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership		
f <input type="checkbox"/> Other:		
2 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
3 At the end of the tax year, did the partnership:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
4 Does the partnership satisfy all four of the following conditions?	Yes	No
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3		X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8 At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country		X
9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information (continued)

	Yes	No
11 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
12 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions 0		
14 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return 0		
16a Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions	X	
b If "Yes," did you or will you file required Form(s) 1099?	X	
17 Enter the number of Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return 0		
18 Enter the number of partners that are foreign governments under section 892 0		
19 During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22 During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the partnership satisfy one or more of the following? See instructions a The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest. c The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
25 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
26 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership 0 Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27 At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:		X
29 Reserved for future use		
30 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 2 If "No," complete Designation of Partnership Representative below.	X	

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR

U.S. address
of PRU.S. phone
number of PR

If the PR is an entity, name of the designated individual for the PR

U.S. address of
designated individualU.S. phone number of
designated individual

Schedule K Partners' Distributive Share Items				Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)		1	- 347,862
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Guaranteed payments: a Services 4a b Capital 4b			
	c	Total. Add lines 4a and 4b		4c	
	5	Interest income		5	
	6	Dividends and dividend equivalents: a Ordinary dividends	6a		
	b	Qualified dividends 6b c Dividend equivalents 6c			
	7	Royalties		7	
8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8		
9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a		
b	Collectibles (28%) gain (loss)	9b			
c	Unrecaptured section 1250 gain (attach statement)	9c			
10	Net section 1231 gain (loss) (attach Form 4797)		10		
11	Other income (loss) (see instructions) Type:		11		
Deductions	12	Section 179 deduction (attach Form 4562)		12	
	13a	Contributions		13a	
	b	Investment interest expense		13b	
	c	Section 59(e)(2) expenditures: (1) Type: (2) Amount:		13c(2)	
d	Other deductions (see instructions) Type:		13d		
Self-Employment	14a	Net earnings (loss) from self-employment		14a	
	b	Gross farming or fishing income		14b	
	c	Gross nonfarm income		14c	
Credits	15a	Low-income housing credit (section 42(j)(5))		15a	
	b	Low-income housing credit (other)		15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c	
	d	Other rental real estate credits (see instructions) Type:		15d	
	e	Other rental credits (see instructions) Type:		15e	
	f	Other credits (see instructions) Type:		15f	
Inter-national	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>			
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment		17a	
	b	Adjusted gain or loss		17b	
	c	Depletion (other than oil and gas)		17c	
	d	Oil, gas, and geothermal properties—gross income		17d	
	e	Oil, gas, and geothermal properties—deductions		17e	
	f	Other AMT items (attach statement)		17f	
Other Information	18a	Tax-exempt interest income		18a	
	b	Other tax-exempt income		18b	
	c	Nondeductible expenses SEE STATEMENT 4		18c	96
	19a	Distributions of cash and marketable securities		19a	86,927
	b	Distributions of other property		19b	
	20a	Investment income		20a	
	b	Investment expenses		20b	
	c	Other items and amounts (attach statement) SEE STATEMENT 5			
21	Total foreign taxes paid or accrued		21		

Analysis of Net Income (Loss) per Return

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21.						1	-347,862
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners			-347,862			

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				88,233
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets			749,479	
b	Less accumulated depreciation			296,437	453,042
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)			14,553	
b	Less accumulated amortization			2,668	11,885
13	Other assets (attach statement)				
14	Total assets				553,160
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				200,046
17	Other current liabilities (attach statement) SEE STMT 6				81,069
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				642,144
20	Other liabilities (attach statement)				
21	Partners' capital accounts				-370,099
22	Total liabilities and capital				553,160

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-347,958	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-347,862
	SEE STATEMENT 7				
	96	96			
5	Add lines 1 through 4	-347,862			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year		6	Distributions: a Cash	86,927
2	Capital contributed: a Cash	64,787	b	Property	
	b Property		7	Other decreases (itemize): SEE STMT 8	
3	Net income (loss) (see instructions)	-347,958			
4	Other increases (itemize):		1		1
			8	Add lines 6 and 7	86,928
5	Add lines 1 through 4	-283,171	9	Balance at end of year. Subtract line 8 from line 5	-370,099

Form

1125-A(Rev. November 2018)
Department of the Treasury
Internal Revenue Service**Cost of Goods Sold****u Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
u Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name

GAI REMODELING LLC

Employer identification number

86-1276388

1	Inventory at beginning of year	1	
2	Purchases	2	291,415
3	Cost of labor	3	719,118
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 9	5	39
6	Total. Add lines 1 through 5	6	1,010,572
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	1,010,572

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) **u**

b Check if there was a writedown of subnormal goods **u** ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) **u** ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** ☐

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

**SCHEDULE B-1
(Form 1065)**

(Rev. August 2019)

Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership****u Attach to Form 1065.****u Go to www.irs.gov/Form1065 for the latest information.**

OMB No. 1545-0123

Name of partnership

GAI REMODELING LLC

Employer identification number (EIN)

86-1276388

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
WILLIAM GEHRKE	██████-5708	UNITED STATES	50.000000
HUNTER ARMS	██████-5418	UNITED STATES	50.000000

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

**SCHEDULE B-2
(Form 1065)**

(December 2018)

Department of the Treasury
Internal Revenue Service**Election Out of the Centralized
Partnership Audit Regime**

▶ Attach to Form 1065 or Form 1066.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

Name of Partnership

GAI REMODELING LLC

Employer Identification Number (EIN)

86-1276388

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

Part I List of Eligible Partners

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner F – Eligible Foreign Entity S – S corporation

Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1 WILLIAM GEHRKE		I
2 HUNTER ARMS		I
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Continued on Part IV

Part II List of S Corporation Shareholders (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I – Individual E – Estate of Deceased Shareholder T – Trust O – Other

Name of S Corporation Partner ▶		TIN of Partner ▶
Name of Shareholder	Shareholder TIN	Type of Person (Code)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Continued on Part V

Part III Total Number of Schedules K-1 Required To Be Issued. See instructions.

1 Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership	1	2
2 Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners	2	
3 Total. Add line 1 and line 2	3	2

Note: If line 3 is more than 100, the partnership cannot make the election under section 6221(b).

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-2 (Form 1065) (12-2018)

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Name(s) shown on return

GAI REMODELING LLC

Identifying number

86-1276388

Business or activity to which this form relates

REMODELING

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	173,603
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	13,250
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	186,853
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions									25		
26 Property used more than 50% in a qualified business use:											
2017 FORD F-150	04/09/21	100.00 %	41,407	41,407	5.0	200DBHY	13,250				
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28 13,250			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43 1,455
44 Total. Add amounts in column (f). See the instructions for where to report					44 1,455

Schedule K	Section 199A Information Worksheet For calendar year 2022, or tax year beginning _____, and ending _____	2022
Partnership Name GAI REMODELING LLC		Employer Identification Number 86-1276388

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	REMODELING				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	-347,862				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	962,227				
Qualified property	749,479				
Other Information:					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

Section 199A REIT dividends

Federal Statements

General Footnote

Description

GAI REMODELING FILED AS A DISREGARDED ENTITY OF GEHRKE-ARMS INVESTMENTS LLC (FEIN:82-1943114) IN 2021. THIS IS IT'S FIRST YEAR FILING A SEPARATE 1065.

Federal Statements**Statement 1 - Form 1065, Page 1, Line 7 - Other Income (Loss)**

Description	Amount
AMAZON SHOP WITH POINTS CREDI	\$ 1,662
OTHER INCOME	644
TOTAL	\$ 2,306

Statement 2 - Form 1065, Page 1, Line 15 - Interest

Description	Amount
INTEREST	\$ 113,157
TOTAL	\$ 113,157

Statement 3 - Form 1065, Page 1, Line 20 - Other Deductions

Description	Amount
MANAGEMENT FEES	\$ 126,600
FREIGHT & POSTAGE	450
EQUIPMENT RENTAL	14,857
UTILITIES	2,035
TELEPHONE	1,513
ADVERTISING & PROMOTION	21,930
INSURANCE	71,597
TRAVEL & LODGING	472
VEHICLE EXPENSES	14,888
VEHICLE LEASE	16,545
COMMISSIONS	20,000
LEGAL & ACCOUNTING	8,582
OFFICE EXPENSE	21,158
BANK & CREDIT CARD CHARGES	7,331
DUES & SUBSCRIPTIONS	2,655
LAUNDRY & UNIFORMS	1,105
MEALS (100%)	964
AMORTIZATION	1,455
TOTAL	\$ 334,137

Statement 4 - Form 1065, Schedule K, Line 18c - Nondeductible Expenses

Description	Amount
PENALTIES & FINES	\$ 96
TOTAL	\$ 96

Federal Statements**Statement 5 - Form 1065, Schedule K, Line 20c - Other Items and Amounts**

Description	Amount
QUALIFIES FOR EXCEPTION TO FILING SCHEDULE K-2	\$
SEE ATTACHED SECTION 199A INFORMATION WORKSHEET	

Statement 6 - Form 1065, Schedule L, Line 17 - Other Current Liabilities

Description	Beginning of Year	End of Year
DUE TO EMPLOYEE	\$	\$ 11,000
CREDIT CARD PAYABLE - AMERICA		67,658
CREDIT CARD PAYABLE - CHASE		2,411
TOTAL	\$ 0	\$ 81,069

Statement 7 - Form 1065, Schedule M-1, Line 4 - Expenses Recorded on Books, Not on Sch K

Description	Amount
PENALTIES & FINES	\$ 96
TOTAL	\$ 96

Statement 8 - Form 1065, Schedule M-2, Line 7 - Other Decreases

Description	Amount
ROUNDING	\$ 1
TOTAL	\$ 1

Statement 9 - Form 1125-A, Line 5 - Other Costs

Description	Amount
OPERATING SUPPLIES	\$ 39
TOTAL	\$ 39

GAI Remodeling LLC
PO BOX 1710
WAUKESHA, WI 53008-1710

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

GAI Remodeling LLC
PO BOX 1710
WAUKESHA, WI 53008-1710

**Electing out of the Bonus Depreciation Allowance
for All Eligible Depreciable Property**

The taxpayer elects out of the first-year bonus depreciation allowance under IRC section 168(k)(7) for all eligible asset classes of depreciable property placed in service during the tax year.

PARTNER# 1

IL Partner's Base Income WorksheetSchedule **B****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

GAI REMODELING LLC

Federal Identification Number

86-1276388

Partner's Name

WILLIAM GEHRKE

Taxpayer Identification Number

XXX-XX-XXXX

- 1 Share of income from Form IL-1065, line 14 -173,690
- 2 Share of additions (lines 15-19, 22)
- 3 Share of guaranteed payments to partners (line 20)
- 4 Add lines 1 through 3 -173,690
- 5 Share of subtractions (lines 24-25, 28-33)
- 6 Subtract line 5 from line 4 -173,690

PARTNER# 2

IL Partner's Base Income WorksheetSchedule **B****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

GAI REMODELING LLC

Federal Identification Number

86-1276388

Partner's Name

HUNTER ARMS

Taxpayer Identification Number

XXX-XX-XXXX

- 1 Share of income from Form IL-1065, line 14 -173,690
- 2 Share of additions (lines 15-19, 22)
- 3 Share of guaranteed payments to partners (line 20)
- 4 Add lines 1 through 3 -173,690
- 5 Share of subtractions (lines 24-25, 28-33)
- 6 Subtract line 5 from line 4 -173,690

PARTNER# 1

Illinois Partner's Source Income Worksheet				2022			
Schedule K-1-P		For calendar year 2022 or tax year beginning , and ending					
Partner's Name		Partner's SSN/EIN		Partnership's Name		Partnership's EIN	
WILLIAM GEHRKE		XXX-XX-XXXX		GAI REMODELING LLC		86-1276388	
	A	B	C	D	E	F	G
	Federal Schedule K Amount Less Nonbusiness Income	Total Everywhere Allocated Non-Unitary Business Income	Federal Schedule K Items Subject to Apportionment (Column A - B)	Apportionment Percentage	Business Items Apportioned to Illinois	Illinois Allocated Non-Unitary Business Income	Total Illinois Items Amount (Column E + F)
Ordinary income (loss)	-173,931		-173,931	1.000000	-173,931		-173,931
Net income (loss) - rental real estate							
Net income (loss) - other rentals							
Interest							
Dividends							
Royalties							
Net short-term capital gain (loss)							
Net long-term capital gain (loss)							
Unrecaptured section 1250 gain							
Guaranteed payments to partners							
Net section 1231 gain (loss)							
Other income and expense	241		241	1.000000	241		241

PARTNER# 2

Illinois Partner's Source Income Worksheet				2022			
Schedule K-1-P		For calendar year 2022 or tax year beginning _____, and ending _____					
Partner's Name HUNTER ARMS		Partner's SSN/EIN XXX-XX-XXXX		Partnership's Name GAI REMODELING LLC		Partnership's EIN 86-1276388	
	A	B	C	D	E	F	G
	Federal Schedule K Amount Less Nonbusiness Income	Total Everywhere Allocated Non-Unitary Business Income	Federal Schedule K Items Subject to Apportionment (Column A - B)	Apportionment Percentage	Business Items Apportioned to Illinois	Illinois Allocated Non-Unitary Business Income	Total Illinois Items Amount (Column E + F)
Ordinary income (loss)	-173,931		-173,931	1.000000	-173,931		-173,931
Net income (loss) - rental real estate							
Net income (loss) - other rentals							
Interest							
Dividends							
Royalties							
Net short-term capital gain (loss)							
Net long-term capital gain (loss)							
Unrecaptured section 1250 gain							
Guaranteed payments to partners							
Net section 1231 gain (loss)							
Other income and expense	241		241	1.000000	241		241

Employer Identification Number

86-1276388

PAGE 1 OF 1